

 POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION	SITE NUMBER (to be assigned by Hq.)
		6	TX 9997

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EW-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME H.B. Zachry Company		B. STREET (or other identifier) P.O. Box 21130	
C. CITY San Antonio	D. STATE TX	E. ZIP CODE 78285	F. COUNTY NAME Bexar
G. OWNER/OPERATOR (if known) 1. NAME Same		2. TELEPHONE NUMBER 512/922-1213	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Equipment repair and storage firm located on Logwood at West Handing Blvd., San Antonio, Tx			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) CERCLA TXS 1017 RCRA TXD 007936974		K. DATE IDENTIFIED (mo., day, & yr.) 5/7/81	
L. PRINCIPAL STATE CONTACT 1. NAME UNKNOWN		2. TELEPHONE NUMBER 512/648-0880	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	
C. PREPARER INFORMATION 1. NAME Mark Riforgiat- FIT 2. TELEPHONE NUMBER 214/742-6601 3. DATE (mo., day, & yr.) 2/23/83	

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code: 1541, 1542, 1611, 1623, 1629, 3241)	
C. AREA OF SITE (in acres) 19	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 29 21'07" N 2. LONGITUDE (deg.-min.-sec.) 98 31'29" W
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Construction Equipment Repair and Storage Buildings	

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MAR 25 1983

REVIEWED BY: **ASJ**
DATE: **4-22-83**

SUPERFUND FILE

JAN 27 1993

REORGANIZED

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IV. CHARACTERIZATION OF SITE ACTIVITY			
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.			
A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

The firm is a CERCLA and RCRA Notifier and is an active facility. Available records indicate no inactive waste disposal areas at the facility, therefore no further action by FIT is recommended.

V. WASTE RELATED INFORMATION	
A. WASTE TYPE	
<input type="checkbox"/> 1. UNKNOWN	<input checked="" type="checkbox"/> 2. LIQUID
<input type="checkbox"/> 3. SOLID	<input type="checkbox"/> 4. SLUDGE
<input type="checkbox"/> 5. GAS	
B. WASTE CHARACTERISTICS	
<input type="checkbox"/> 1. UNKNOWN	<input type="checkbox"/> 2. CORROSIVE
<input checked="" type="checkbox"/> 3. IGNITABLE	<input type="checkbox"/> 4. RADIOACTIVE
<input type="checkbox"/> 5. HIGHLY VOLATILE	<input type="checkbox"/> 6. TOXIC
<input type="checkbox"/> 7. REACTIVE	<input type="checkbox"/> 8. INERT
<input type="checkbox"/> 9. FLAMMABLE	
<input type="checkbox"/> 10. OTHER (specify):	
C. WASTE CATEGORIES	
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.	

TDWR Shipping Control Tickets

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT 150	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE Gallons	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		<input checked="" type="checkbox"/> (3) OTHER (specify): Paint Booth Liquid Waste	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Paint booth liquid waste

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Waste from construction equipment painting is stored in 55-gallon drums onsite prior to removal to offsite disposal area. Available records indicate no inactive disposal sites at facility.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):	X			Unknown

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input checked="" type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPEC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify): _____	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): <u>TDWR REGISTRATION #31614</u>			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
4. WITH RESPECT TO (list regulation name & number): _____			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
UNKNOWN			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			